

## COMMENTARY

### What do we know about physician well-being?

This study of physicians' own wellness practices adds important information about how physicians maintain balance and meaning in their lives while they cope with burnout and the stresses of practice.

As the authors point out, most of the previous studies

on physician behavior concentrated on the dysfunctional physician. For example, the authors summarize the findings of an important study by Vaillant and colleagues on Harvard physicians.<sup>1</sup> These findings stressed the importance of physicians' family backgrounds on their subse-

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quent risk of maladjustment to professional life. Those physicians with the least stable childhood and adolescence were at higher risk for unstable marriages, alcohol and drug use, and the need for psychotherapy. At the Center for Professional Health, we have also found that physicians who misuse controlled substances and those who have problems with sexual boundaries have often had unstable childhood and adolescent years.

In few studies have investigators examined the coping skills that physicians use to manage major problems in their lives or practices or to maintain their well-being. In the qualitative study by Weiner and colleagues, 5 categories of "wellness promotion practices" emerged. All physicians, medical educators, and policymakers will be interested in the nature of these practices.

The antecedent factors that contribute to physician well-being are relevant for teachers in medical schools and resident programs who teach coping skills to their students. Weiner and colleagues highlight some of the skills that are needed, such as self-care and negotiating healthy relationships. Their article is timely because the Joint Commission of Accreditation of Hospitals recently adopted a new regulation requiring hospitals to have a physician wellness program separate from the disciplinary process.

What about the future of research on physician well-being? One thing that has hampered such research is the lack of standardized ways to measure well-being in physicians. A valuable tool in the future would therefore be a validated instrument for measuring physician well-being, perhaps akin to rating scales for anxiety or depression.

Weiner and colleagues' work is important because we all need to understand the important factors that promote behaviors that lead to physician well-being. Once we understand them, education and training can be used to enhance these behaviors in all medical students and physicians.

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#### Reference

- 1 Vaillant GE, Brighton JR, McArthur C. Physicians' use of mood-altering drugs: a 20-year follow-up report. *N Engl J Med* 1970;282:365-370.

### The Pillar

Karl, an old friend, was living with cancer and handling it gracefully. Although he rarely gave direct advice, the self-reflections he shared with me were a form of counsel.

He once attended a talk with a large audience. Arriving late, he quickly sat in the first empty seat he could find, but his view of the speaker was partly obscured by a pillar. He sat there until eventually his frustration overcame any pride or embarrassment that might have accompanied his late arrival. Without apology, he moved a mere 6 inches to the right of that firmly fixed piece of architecture. This small adjustment made all the difference.

Another year of medical school began, familiarly marked by dissection. My first term had been miserable. There is little that changes in the anatomy lab—the stench, the disembodied organs, and the pervasive reminder of death. I wonder now if my initial impressions of dissection were clouded by my difficult, yet inevitable, adjustments to a new life.

Since that time, I have returned to the cadavers as a teaching assistant, often supporting other new students facing similar struggles. The most satisfying part of my role during lab is being a source of encouragement and collegiality to my peers. This alone has returned the sense of humanity which I could not see—just inches beyond that pillar—my first time around.

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